

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

COBRA Group Continuation Coverage
Dental and Vision Plan Monthly Premiums Effective January 1, 2009

Carrier/Address	Plan Type	Covered Persons	1 Party	2 Party	3 Party
Delta Dental	Enhanced	Former Excluded employees and their eligible dependents	\$53.27	\$106.66	\$150.57
Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 COBRA – State of California 1-800-296-0192	Basic	Former Rank and File employees	\$51.15	\$90.69	\$131.92
	Basic	Eligible dependents of Rank and File employees	\$43.66	\$66.16	\$87.00
	PPO	Former Excluded & Rank and File employees and their eligible dependents	\$43.46	\$85.92	\$130.03
SafeGuard P.O. Box 30910 Laguna Hills, CA 92654-0910 Attn: COBRA UNIT Billing and Eligibility 1-800-880-1800	Standard	Former Rank and File employees and their eligible dependents	\$16.19	\$26.21	\$36.72
	Enhanced	Former Rank and File employees and their eligible dependents	\$15.83	\$26.80	\$33.01
DeltaCare USA Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 COBRA – State of California 1-800-296-0192	Basic	Former Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600	Basic	Former Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Bargaining Unit 5 employees should contact their Personnel Office for COBRA dental premiums information. Unit 5 employees have vision coverage through the State-sponsored Vision Service Plan (VSP) and the COBRA vision premiums reflected above apply. Bargaining Unit 6 employees should contact their Personnel Office for COBRA dental and vision premiums information.